



**The Post-Stonewall/Baby Boomer Generations' Impact on Aging
in
Gay, Lesbian, Bisexual & Transgender
Communities**

Comments Presented
at the
Listening Session
for the
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by

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Good afternoon, I am Amber Hollibaugh, Director of National Initiatives for SAGE, Services and Advocacy for GLBT Elders.

Founded in 1977, SAGE is the nation's oldest and largest social service and advocacy organization dedicated solely to the gay, lesbian, bisexual, and transgender (GLBT) senior communities. SAGE provides programs and services locally in New York City to over 2,000 GLBT seniors each year, and education and advocacy work across the United States, impacting the lives of the estimated 3 million GLBT seniors living throughout America.

What has defined GLBT aging for the pre-baby boomer generations of GLBT people?

Until now, SAGE's members and clients have come from the pre-Stonewall, pre baby boomer generation, a time when homosexuality and gender differences were criminalized by law, pathologized by the mental health profession, and stigmatized by organized religion. These are seniors who were forced to live most of their lives in the closet or be very marginalized if they were openly GLBT.

In research conducted for SAGE by the Brookdale Center on Aging at Hunter College in New York, it was found that this generation of GLBT seniors has significantly diminished support networks when compared to the general senior population. Our research indicates, and continues to be confirmed in other studies across the US:

That when compared to their straight counterparts, current GLBT seniors are:

- ⇒ Twice as likely to age as a single person
- ⇒ 4 ½ times more likely to have no children to call upon in times of need, and
- ⇒ 2 ½ times more likely to live alone.

For GLBT seniors, this translates into a lack of traditional support networks that was not replaced by the strength of other close friendships or the informal support networks found within the GLBT community. In our society where the health and well-being of the old depend upon the care, support, and involvement of traditionally defined immediate family – i.e. children and heterosexual spouses – then the profile of a majority of GLBT seniors as living alone, without life partners or children to rely on, places them at particular risk as they age. In fact, research has shown that seniors with this profile are at significantly increased risk for depression, substance abuse, unnecessary institutionalization, and premature death. Studies in the US demonstrate that this generation of GLBT seniors do not, unfortunately, access the programs and services they need most. In fact, they are five times less likely to access senior services than the general senior population.

The impact of the history of discrimination and anti-gay bigotry, heterosexism, homophobia, bi-phobia and transphobia, as well as the ignorance of mainstream providers surrounding GLBT elder concerns and issues creates tremendous barriers to services for GLBT seniors. To wit:

- The American Association of Physicians for Human Rights (now GLMA), reported on one study where 67% of doctors and medical students stated that GLBT patients were receiving substandard care or being denied care solely because of their sexual orientation or gender identity. Clearly this has dire consequences for GLBT seniors – especially when considering the increased need for medical care as one ages.

- In a survey of 24 federal Area Agencies on Aging serving seniors in the United States, fully 50% said that GLBT seniors would not be welcome at area senior centers if their sexual orientation were known.

As a result, when this generation of GLBT seniors have to access mainstream senior services, many feel they must go back into the closet to do so. And if their identity is too obvious to be made invisible, they face bigotry, targeting, and discrimination as GLBT elders. When GLBT seniors remain invisible, their plight is further complicated because the majority of mainstream providers assume that all the old people who they serve are straight. This assumption informs their programming and social service delivery, provides the language for their intake, frames the discussion of relationships, life reminiscing, and a whole host of other programming activities up to and including discussions of death and dying. This serves to marginalize and alienate the 3 million+ GLBT seniors across the nation. These are some of the issues that frame GLBT aging concerns today.

Dramatic changes coming with the Post-Stonewall/Baby Boomer generation

As the baby boomer generation approaches retirement, demographic projections show that by 2030, 20% of the American population will be over the age of 65. Today there are 3 million GLBT seniors in the United States. Using conservative estimates of 6-8%, this number will rise to 4-5.5 million GLBT seniors by 2030 – an increase of 33% to 50%. Previously one of the most marginalized, invisible and vulnerable groups among the general senior population, this expanding demographic represents many new crises and opportunities that need to be addressed as a priority at the next WHCoA, because this is the generation that has fundamentally altered forever the way that people live their lives as GLBT persons.

This generation is defined by the Stonewall rebellion, the catalyst for the GLBT political movement in the United States. This generation is the first group of GLBT people to live openly around their identities, multiple genders, and erotic choices. They also reflect a profoundly disparate set of demographics -- culturally, sexually, racially, and economically. Therefore, critical

issues surrounding visibility and inclusion of GLBT elders will confront aging services in every community and demographic setting in this country.

The post-Stonewall generation of GLBT people acquired significant advocacy skills. Through their activism, they have developed community based resistance to homophobia and transphobia, and created a broad movement developing a world not defined by its fear and opposition to the inclusion of GLBT people. It means that In every senior center and senior organization, in every nursing home and assisted living site, in every activity and configuration serving elders, the post-Stonewall generation of elders will be made up of a large, visible and assertive set of GLBT seniors. These individuals will never be willing to be a silent or invisible minority, especially as they age.

Finally, the demographics of the Stonewall GLBT baby boomer generation point to the need to support and enhance the existing system of Social Security benefits, Medicare and Medicaid with no diminishing strategies like privatization or federal cut backs. This will include changing many of the rules governing critical federal elder support systems to recognize and include GLBT loving partnerships and relationships in order to guarantee an overarching system that is non-discriminatory in the way it manages compensation.

GLBT elders are not unlike many other senior constituencies where aging itself often push elders close to the edge of or into poverty, especially in large urban areas where GLBT people are more likely to be found and where living alone -- which we do in much greater number than heterosexual seniors, is a higher risk factor for poverty in aging, due to the high cost of living. The future success of the diverse GLBT baby boomer generation will demand a system that can sustain and facilitate a safe, secure, economic, medical and social future

What Needs To Happen

- Ensure that GLBT seniors and their issues have a significant presence at the next White House Conference on Aging (WHCoA) by working with GLBT Aging organizations to guarantee substantial GLBT delegate participation.

- Create an anti-discrimination clause within the Older Americans Act that will protect vulnerable senior constituencies, including protection specifically because of sexual orientation or gender differences.
- Ensure that the AoA guarantee that sexual orientation and gender differences are defining characteristics collected in all AoA funded studies.
- Regulate that all elder-specific cultural competency training by definition, includes training on understanding and serving GLBT seniors. That training must reflect the full diversity of GLBT elders -- racially, culturally, sexually, and economically.
- Recognize GLBT “Constructed” Families --The WHCoA should begin to investigate new models for supporting older people within community structures that explore innovative ideas about who is a caregiver and how a “family” is defined, and how support in aging can be provided using community organizing, community building and community sustaining principles. This needs to occur through an investigation of non-traditional concepts like “the constructed family.” Such approaches will have a fundamental impact on the cost effectiveness and type of programming funded through the Older Americans Act and the AoA. In fact, many marginalized communities, including GLBT communities, have much experience reaching and serving seniors who in their later years are unable to access traditional biological or heterosexually defined familial supports. Neighborhood or community based “constructed” support systems for the aged must be developed across the board if the needs of the baby boomer generation are to be met humanly and cost effectively.
- Require all AAA to receive GLBT cultural awareness educational training.
- Change any federal elder programs and regulations that deliberately treat same sex couples differently than heterosexual couples including:
 1. Social Security survivor benefits & other rights of survivorship
 2. Social Security spousal benefits
 3. Medicaid regulations that protect assets and homes of spouses whose partner must enter nursing homes or long term care facilities

This next WHCoA has determined the urgency of exploring the impact of the baby boomer generation on the aging future of the United States. SAGE hopes that these comments help to articulate an urgent but often invisible area of impact in the anticipated baby boomer demographic upsurge, one that will have a profound affect on all aging services throughout this country.

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